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APPRENTICESHIP IN MEDICINE

The well-known cliché about medicine being a blend of science and art leaves out of account the fact that it is also a craft. In medical education to-day there are very adequate arrangements made for teaching the scientific basis of medical practice. In so far as medicine is an art, no amount of teaching will impart that art to anyone; it is partly inborn and partly acquired after years of experience. The traditional way of learning a craft is through the medium of apprenticeship. In this respect our present day training is inadequate. No one is in any sense apprenticed until they become house physicians or house surgeons. The reason for this is that the medical and surgical firms, which should provide training of this kind, are, as a general rule, too large. Probably four or five, or at the most six, is a suitable number for teaching at the bedside. Unfortunately firms of this size are the exception and not the rule. Firms with from twelve to sixteen students are all too common: whilst out-patient classes often attain prodigious dimensions. In classes of this size it is not possible for more than a small proportion of the students to examine any one patient. It will be said that as far as in-patient firms are concerned, no matter how large the firm is, the patients are always in the hospital available for examination by anyone who is keen enough to do so. This, of course, is true, but only up to a point, for even the most long-suffering patient will object to a dozen or more students, in addition to the chief, the chief assistant and the houseman, palpating his abdomen or determining the situation, the size, the shape, etc., of his particular lump or swelling. When a patient is acutely ill such a procedure is quite out of the question. In large classes the teaching is more like that of a lecture-

demonstration and one loses that indefinable "something" which is the essence of apprenticeship. The student has fewer opportunities of seeing how the mind of a highly skilled and long experienced doctor works when confronted with a medical problem. When the recommendations of the Goodenough Report on Medical Education are implemented and the proposed changes in the curriculum made, we hope the authorities will pay great attention to the problem of large classes. It is obviously not a matter which can be remedied overnight. Great administrative difficulties stand in the way and doubtless financial considerations are involved. It is not over-emphasising the importance of this subject to suggest an increase in the Treasury grant to medical schools, with the aim of reducing the present size of the classes. It would be money well spent. Incidentally it is worthy of note that firms at some other teaching hospitals are very much larger than our own. This article is in no way intended as a criticism of Bart.'s, but is a protest against what is a nation-wide system.

It is interesting that while we are asking for a return to the principle of apprenticeship another great teaching hospital is making an experiment in quite an opposite direction. There, a medical firm no longer has a single chief, giving two or three rounds each week, but three or four chiefs, each of them specialists in certain fields. Thus a given firm will have three rounds in the week from, say, specialists in diseases of the chest, the nervous system and the endocrine glands. This step has apparently been taken on the ground that as medicine becomes more and more complex it is increasingly difficult for one man to master all its intricacies; and that it is better for a student to

be initiated into the mysteries of a given branch of medicine by a specialist in that field. The weak point in this system would seem to be that the unfortunate student is expected to absorb that which it is alleged no one man is competent to teach. Furthermore, the logical conclusion of this line of reasoning is an argument against the conception of the general practitioner. In fact the general practitioner will be the foundation of any new health service. The obvious danger of such a scheme is that it will not provide such a thorough, all-round training as the old system. As the majority of students are destined to become general practitioners it is important that their training should be as comprehensive as possible; and a training (on the whole) in *method* rather than detail. It is for this training in method that the age-old system of apprenticeship is so valuable.

AN APPEAL

In the course of the next few weeks the preclinical students will return to their rightful home at Charterhouse Square. Those of us, and there are many, who have enjoyed the hospi-

talities of Cambridge University during our pre-clinical studies, cannot deny the constant desire to go to London—to the mother hospital, in spite of all that Cambridge has to offer us. Similarly those in London feel that a vital part of our organisation is out of touch with us in Cambridge and should be in London. Both desires will be fulfilled by the return of our "exiles."

One of the major problems concerned with this return is the now familiar one of housing. A considerable body of students is coming to London and they have got to be housed. We therefore appeal for all possible assistance in solving this problem. If you can take a student into your own home or squeeze another into your "digs," or if you know anyone who would be willing to do so, please communicate with the Secretary of the Medical School.

The country urgently requires more doctors and it is up to us both as a body and as individuals to pull our full weight in the attainment of this goal. An important contribution which we can make is to ensure that our own students at least are housed in the best possible manner.

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COMMEMORATION DAY

Arrangements are nearing completion for the proceedings of Commemoration Day, in the way of:—The Procession, the Historical Play, the Special Service, "View-Day," Reception in the Square. Tea, for Governors, friends of Nurses, Students, and Medical and Lay Staff. Address on "Outstanding Points in the History of the Royal and Ancient Hospital," and the Exhibition, which last will be open for three days, Tuesday, May 7th, Wednesday, May 8th, and Thursday, May 9th. As "labour" for many matters is going to be very scarce, it is hoped that a body of students will give of their energy, and specially on Monday, Tuesday and Wednesday. Further, some twenty-five Students could render great aid by acting as sidesmen in the Church on Wednesday, May 8th. All students willing to render service to the old Hospital in these various ways are asked to hand in their names to the:—

Hon. Secretary, "Commemoration,"

St. Bartholomew's Hospital, E.C.1,
and without delay. Particulars will be sent to all who do so.

THE ABERNETHIAN SOCIETY CELEBRATIONS

APRIL 5th, 1946

This season marks the 150th Anniversary of the Foundation of the Abernethian Society. On April 5th there will be a Celebration Dinner and Ball in the Savoy Hotel.

Lord Horder will preside at the dinner.

Reception at 7 o'clock in the River Room.

Applications for tickets at £2 2s. single and £4 4s. double should be sent to:—

The Secretary,

The Abernethian Society,

St. Bartholomew's Hospital.

Funds are needed to defray the expenses of this celebration. All contributions from past and present members of the Society and from any person associated with the Hospital will be gratefully received by the Vice-President of the Abernethian Society.

Cheques should be made payable to "The Abernethian Society."

A CASE OF NEPHROLITHIASIS FOLLOWING TRAUMA

By A. W. N. DRUITT

The following case has been considered as worth noting because of the surprising number of conditions simulated at one time and another by one disease process, and because it brings together several lessons to be learned from the treatment of trauma.

A German prisoner of war, aged 39, was transferred to this Hospital on 30.10.44 labelled "crush fracture of the pelvis and rupture of the bladder," having occurred on 13.9.44. His field notes gave no more history, and no notes of his six weeks' stay or travel from one hospital to another were found. Skiagrams showed fractures of his left pubis and ischial bones, with very little displacement. A supra-pubic wound had healed. His left leg was oedematous possibly due to some recent thrombophlebitis.

The patient was nursed on his back for a further three weeks, until on 22.11.44 he was rolled over in bed towards the right, in order to inspect his back (which was intact and well cared for). From this simple action all his following signs, symptoms and operations date.

1st Day. Two hours later the patient complained of severe abdominal pain, particularly on the left side, and during the course of the afternoon the abdomen became distended, patient vomited, there was no bowel action, and flatus was not passed. The condition towards evening did not improve. Two enemata were given, with an interval of half an hour between them—the first was returned coloured, and the second returned clear, with no flatus. His pulse varied between 90 and 140 per minute.

Morphia and its derivatives were withheld because it was considered this might be a case of acute intestinal obstruction, due to volvulus. As the clinical picture, however, was not a classical one, it was considered justifiable to withhold operation for a few hours. Constant personal observation throughout the earlier part of the night showed that his condition was in no way deteriorating, as was shown by his regular pulse, lack of vomiting and long periods of restful sleep, and as will be seen later, this conservative treatment was entirely justified.

2nd Day. About half an hour before the

morning visit, the patient passed tremendous quantities of flatus, with easing of the pain. But on palpation there was marked tenderness in the left posterior renal angle, and also in the left iliac fossa. Throughout the day his abdomen again became distended, but was relieved by an injection of pitressin (1 c.c.). His temperature rose from 99° to 103° and pulse from 90 to 150, and rigors commenced. The urine was examined and found to contain albumin plus, plus red blood cells, and pus cells. His blood urea was 53 mgms. per 100 c.c.'s.

3rd Day. His general condition was worse, with acute pain in the left renal region. Patient vomited three times, and hæmaturia was more marked. Culture of the urine from the previous day showed a profuse growth of *Bacillus proteus*. A course of sulphanilamide was commenced (1 gm. 4 hourly).

4th Day. Signs and symptoms were much the same, but his general condition was worse. He passed thick brown urine. Bowel actions had returned.

5th Day. There was no dramatic response to sulphanilamide. From the urine, *B. proteus* could still be cultured. The blood urea had risen to 82 mgms. per 100 c.c.'s.

7th Day. Condition worse, patient at times appearing almost moribund. Abdominal distention which had occurred at intervals throughout the week was relieved by $\frac{1}{2}$ c.c. doses of pitressin. In the evening, cystoscopy was performed, with bilateral ureteric catheterisation.

8th Day. Condition improved slightly. After 6 hours, left ureter had drained 6 c.c.'s and produced a growth of *Staph. aureus*. The right ureter had drained 83 c.c.'s and produced a growth of *B. proteus*.

9th Day. Catheters were still draining well, but patient was cathectic, listless, and appeared at times to be in a coma. There was gross oedema of legs and lumbar region.

10th Day. Urine from both catheters now grew *Staph. aureus* and *B. proteus* (spreading of *B. proteus* prevented by 5% agar instead of 2%). Blood culture also grew *Staph. aureus*. Blood urea was still 82 mgms. per 100 c.c.'s. A continuous intramuscular drip of penicillin was commenced with 200,000 units in 1 litre

given over 48 hours.

11th Day. General condition much improved, although patient was still extremely ill.

12th Day. Both catheters were withdrawn and patient passed urine normally.

14th Day. Condition much improved. Penicillin treatment discontinued. Total, 400,000 units. Blood urea 40 mgms. per 100 c.c.'s.

21st Day. For the last three days the patient had had an evening temperature climbing to 101° and his general condition was again deteriorating. Pathological report of the urine showed albumin and pus with a culture of *Staph. aureus*, coliform bacilli and *B. proteus*. It was evident that there was an exacerbation of his pyelonephritis, and so penicillin was again commenced, in spite of the Gram negative organisms. This time it was given continuously by a clockdriven syringe containing 50,000 units in 10 c.c.'s, and lasting over a period of 12 hours. 200,000 units in all were given. Following this, his condition again quickly improved.

5th Week. Blood urea 29 mgms. per 100 c.c.'s and urine grew a moderate growth of *B. proteus* and *Staph. aureus*. There was occasionally an evening temperature up to 120°.

6th Week. A large subcutaneous abscess of thigh was opened, containing about 1 pint of thin pus, presumably metastatic.

7th Week. A large subcutaneous abscess of left arm was opened. Both these abscesses healed in a few days. Only now were skiagrams of the renal tract taken, revealing three calculi in the right kidney, and a small suggestive shadow in the line of the left ureter. But owing to the poor general condition of the patient, no operation was thought advisable at the moment.

13th Week. Skiagrams following uroselectan showed that only the right kidney filled. A small suggestive shadow in the region of the left ureteric orifice was seen, presumably the same shadow as was seen higher up in the ureter some weeks before.

14th Week. The patient stated that for the last five days he had been unable satisfactorily to pass urine when standing, as the flow would suddenly stop. He could manage better when lying on his back. He also experienced slight pain in the glans penis at the end of micturition. Cystoscopy was performed later, but no calculus was seen. A few days later the patient stated that he had heard and seen a small stone fall into the lavatory when urinating! Skiagram and uroselectan later showed both kidneys secreting the dye, but three calculi still in the right kidney.

16th Week. On informing the patient his condition was now satisfactory for the removal of the stones, he withheld his permission for operation. He was then given physiotherapy prior to discharge.

17th Week. Attack of pain in R.I.F., vomiting and temperature of 102°. Very tender on palpation over McBurney's point. Urine deposit showed blood and pus. Skiagram showed that a calculus had moved and was in a position corresponding to the uretero-pelvic junction of the right kidney. Preparations for the removal of the stones was begun. Another course of penicillin treatment was given, his temperature settled, urine cleared and the blood urea decreased to 58 mgms. for 100 c.c.'s.

18th Week. Right nephrolithotomy was performed. A large soft nodular kidney was found. The organ was delivered and a transverse incision made in the posterior wall of the pelvis. Two stones (adherent to each other) were removed from the pelvis, and two more stones removed from the unusually friable kidney substance. The post-operative course was uneventful, except that the wound broke down and discharged pus for some time. The discharge containing gram negative bacilli was treated with dressings of phemoxetol, and soon after the wound healed.

30th Week. The left leg was still considerably swollen. The thrombosed saphenous vein could be felt. With the aid of a crepe bandage the patient could walk fairly well, and he was discharged nine months after receiving his original injury.

COMMENT

As has been pointed out, renal calculi following prolonged rest in bed, especially from fractures, are not uncommon.¹ Had his treatment included the things outlined in the article, the calculi might have been entirely avoided. Briefly they are:—

1. Large quantities of fluid.
2. Active movements of the uninjured parts.
3. Position changed at regular intervals.
4. Urine kept acid.
5. Prophylactic doses of Vitamin A.

The second lesson is to expect and X-ray for renal calculi in pyelitis, especially when occurring during prolonged decubitus, and when there has been failure to respond adequately to treatment.

Lastly, one may draw attention to the rare though recognised occurrence of renal colic presenting as an acute intestinal obstruction.

¹ *British Medical Journal*, June 23rd, 1945. "Any Questions."

SOME MEDICAL ASPECTS OF CZECHO-SLOVAKIA

By FRANCIS SHATTOCK

On November 12th, 1946, I left England for Prague, as a delegate to the World Students' Congress. I stayed in Prague for a week, and later spent three weeks seeing the rest of Czechoslovakia, flying back to England on December 3rd.

The first hospital I visited in Prague was the Bulovka. It was to this hospital that Heydrich, the Butcher of Prague, was taken after he had been shot by two Czechoslovakian patriots, and here he later died.

In the hospital there were 3,150 beds, and the surgical block was divided into four floors. The first floor was reserved for the septic cases, the second floor for the "clean" women, the third floor for the "clean" men, and the top floor was occupied by the theatres and the dining rooms.

Besides the surgical block there were also blocks for medical patients and infectious patients. In these blocks there were a number of separate rooms besides the wards—the authorities were trying to make separate rooms for all the infectious patients. There were also blocks for gynaecology and midwifery, another for skins and another for X-rays and physiotherapy.

The only anaesthetics used were open ethers, spinals and blocks. I was told that it was impossible to get either evipan or pentothal.

In Prague there are so many hospitals for the inhabitants (there are eight hospitals for 1,000,000 inhabitants), that at the most patients only have to wait three weeks for admission. It is of interest to note that the only long waiting lists are for children and tuberculous patients. It is very difficult, if not impossible, to get statistics, possibly because they did not wish to give them to medical students, but also because the Government has been in power only a short time, and has very many urgent problems to attend to, the re-organisation of the administration not yet being complete. However, I was told that there were 9,000 undernourished children in the country. I was also told, at another hospital, St. Anna's, in Brno, that of all the patients seen 30 per cent. were tuberculous, and of these only 10 per cent. could get proper treatment.

In the Bulovka there is a system of appointments for the out-patients, so that they only have to wait for half an hour before being seen.

During the occupation this hospital conducted 14 lobectomies under open ether, with no mortalities. These were done for bronchiectasis and cysts, but not for tumours. The patients ranged from the ages of 20-30, and were of both sexes.

We were also shown a man who had shot himself through Hunter's canal, in the region of the femoral opening, and had lacerated his femoral artery. A plastic operation was undertaken, a piece of the femoral vein was removed and substituted for the part of the femoral artery, which had been shot away. Unfortunately he later developed gangrene, and the leg had to be amputated. This method of operation has also been occasionally tried for emboli. Unfortunately I could get no statistics relating to this operation, but I was told that a number of patients had recovered.

In this hospital all the surgeons received the same salary, irrespective of their seniority, except the chief. Only he is allowed private patients. The other surgeons get 2,000K a month, this is about £10 a month, but living expenses are somewhat cheaper in that country. Once the newly qualified surgeons are appointed to the hospital they carry on, not being re-appointed, as in England, for higher posts, becoming more senior each year, until they are asked to leave by their chief. To achieve a specialist's status they have to work in the hospital for seven years. There are no post-graduate exams. The surgeon to whom I was talking said that he believed that the standard of British surgery was higher on account of our post-graduate examinations. He also told me that before the war there were 10,000 doctors in Moravia and Bohemia, but that now there were only 5,000.

Next we visited the tuberculosis block. Here the patients were chiefly cases of pulmonary tuberculosis, but there were also other chest cases.

In Prague there is only one centre for mass radiography, and this cannot be used as they cannot obtain the film for it. This also applies to all the hospitals—it is nearly impossible to obtain film.

There are three theatres in the chest block, one for the division of adhesions, one for the septic cases, such as empyemas, and the other for the clean surgery.

Nurses are not allowed to enter the tuberculosis wards unless they are over 22, and a "high," so I was told, percentage of them contracted the disease however, the exact figure is not known.

At this hospital I also managed to obtain some information on nursing conditions.

The nurses undergo two years of training one year in a training school, and one year in a hospital; at the training school they do all the theory and concentrate only on the practical side during their year's training at the hospital. After this they have to pass an exam. They have to pay for their two years' training, unless they are fortunate enough to get a scholarship. Trained nurses receive 1,000-1,200K a month, or £5-£6.

Those nurses who nurse tuberculous patients receive extra milk, butter and eggs, bacon and meat.

The nursing situation is critical in Czechoslovakia. In 1936 there were three nurses to 30-40 patients during the day, and one for the same number at night. During the war there were many more nurses, in fact often there were too many, as the Germans said that if a woman was employed as a nurse she needn't go to Germany for forced labour, but now that the war has finished all these nurses have returned to their peace-time occupations. In the chest and surgical blocks of the Bulovka hospital there are only two nurses to 300 patients, and during the day only one to each ward, or 20-30 nurses for 300 patients. This includes the theatre staff. Married nurses are allowed to live out, and only nurses under training are made to live in. They are allowed half a day off each week, and alternate Sundays. The day staff start at 6.30 a.m. and are relieved at 6.30 p.m.

The shortage of nurses is attributable to three factors, first there always has been a shortage, second there are not enough training schools, and third conditions are poor.

Before leaving Prague I must mention the medical students at the University.

Saturday morning and afternoon, October 28th, 1939, is a day which is engraved on the memory of all Czechoslovakians, especially the citizens of Prague. It was on this day that they showed their first sign of resistance against their occupiers. At 9.30 the first clash in the streets of Prague was reported, the initiators being two German students, by ten o'clock the number of clashes had increased. However, peace was kept by the Czech population. At 5 p.m. some shooting took place in the Wenceslas Square, and at 6.25 the first Czech was killed; with him five more persons were

wounded, amongst them being a student of medicine—Jan Opletal, aged 25. He was taken to hospital, wounded in the abdomen, where he later died. He has since become the figurehead of all student resistance in Czechoslovakia, and the beacon of the students' resistance and their struggle for freedom. Thus the first student to die for freedom in the second world war was a member of our profession.

During the occupation all Universities were closed, and thus stayed closed for six years. Now that peace is reigning again they are able to open their doors once more, and consequently all those students who would have entered those Universities during the war years have now entered them. This leads to impossible, and inconceivable conditions. In Prague there are 6,000 first year medical students, 3,000 studying Law, and 2,000 studying Philosophy. The lectures have to be held in the largest hall in the City, the Lucerna Hall, about the size of the Albert Hall, and are delivered through a microphone.

As far as books are concerned the situation is very bad. The students publish some, which are very cheap, consisting of a few hundred duplicated sheets of paper in a paper folder, with no illustrations. In order to buy one, the student has to present a form, stamped by his University, stating his name and the book he requires. Matters got to such a stage that these forms were often forged, so that the students could secure the books in order to work. They have a few better books written by the Professors. The authors never get any royalties, but instead get a lump sum, which again decreases the cost of the book. It is imperative that the Czech students should be sent some British medical books as soon as possible, as their need is so great. This also applies to post-graduate medical publications, such as the *Lancet* and *B.M.J.*

Of all the students in Prague there are 7,000 who have nowhere to live. They have to sleep in parks, or spend a few nights at the houses of their friends. This situation is made even worse when one realises that many of the students, who are much older than the students in this country—as they have not been able to go to their University for the last six years—are married and have children.

In Czechoslovakia there are, or were pre-war, 4½ million students, of these 1½ million suffered in concentration camps, and may died, or were killed.

The rations for the Czech population provide them with 1,650 cal. daily.

It must be realised that it is impossible to go into a restaurant and buy a meal, as in this

country. In Czechoslovakia, one has to give up one's coupons for any food bought in restaurants.

In a letter I have just received from Hungary I was told that in Budapest they get 550 cal. daily.

We also paid a visit to the Medical Faculty, and saw the chemistry and physiology departments, as well as the department of anatomy and the museum.

The department of chemistry and physiology had been used by the Germans, who left it in a chaotic state; they left the older building for the Czechs, but later destroyed it.

The staff are making very great efforts to restore the laboratories, and they hope to have them re-opened for the students in six months, but material, as well as manpower, is very short. They will be able to re-equip the laboratories for the students' needs, but will not be able to equip them for research.

In the department of anatomy the professor and his assistants were very busy preparing wall diagrams, and anatomical models, to replace those destroyed by the Germans. These are of inestimable importance, in the absence of text-books and lack of sufficient subjects for dissection. Here I was told that there were 8,000 medical students in Prague, and in one class alone there were 3,000! It is impossible to teach anatomy adequately to such numbers, especially when it is realised that each student may only attend in the anatomy dissecting rooms, for three consecutive weeks in the year. Thus as far as anatomy is concerned the situation is nothing short of catastrophic. In England we attend the anatomy labs. for a period of fifteen months, usually spending each morning or afternoon in them, if not all day.

The skulls used for the students' study are those of Czech patriots who died in the fight for freedom.

The sanatorium at Dobrise was also visited. This is one of the hospitals in the Health Insurance scheme, which has some fifty hospitals scattered around the country. There are five others similar to this one, the others are tuberculous sanatoria, and other types of rest homes.

The sanatorium we visited was built in 1938, and is a modern and pleasant building, with many very large windows.

It is divided into two departments, the first for diagnosis, containing an excellent X-ray unit, and electro-cardiograph, B.M.R. apparatus, and a biochemical laboratory.

The second department is for the treatment of patients.

There are two types of sanatoria, those exclusively for the treatment of tuberculosis,

and those for the treatment of other diseases.

In this sanatorium there was room for 137 patients. Both chronic and acute cases are treated—such as cases of rheumatism, cardiac diseases, thyroid complaints, nervous diseases, and gastric cases.

It was greatly stressed that this hospital, and the treatment provided, was for the benefit of the ordinary people, and not only for those who could pay for it.

Veneral diseases at the moment present rather a problem to the Czechoslovakian medical service, on account of the German occupation.

The German authorities, during the occupation, said that the German soldier on leave in Czechoslovakia had to be provided for; of course he was not allowed to produce a child with a woman of the "low" Czech race, so that they had to find prostitutes. Before the war this profession was practically extinct in Czechoslovakia, a condition brought about by an Act for the prevention of venereal disease. The situation changed completely after the German occupation of the country. Figures are quoted in a document produced by the German police, which stated that in 1938, in Prague, there were only 440 prostitutes. On 1941 the number had increased to 5,000. A third of these were German women; this is a fantastically high proportion when it is remembered that the German population in Prague was only 3 per cent. In 1938, 243 prostitutes suffered from V.D., in 1940 there were already 598, thus in one year V.D. had increased by 100 per cent. Still according to the German police report, German civilian patients suffering from V.D. sought mostly the treatment of private practitioners, therefore the exact number of the victims of this disease cannot be stated. Almost a third of the diseased women were German.

Obviously the German authorities did not like the situation, so instead of fighting against prostitution as a cure for the disease, they started to organise it. They fought V.D. with the motto: "Prostitution must be healthy." As they were not satisfied with the number of Czech prostitutes, and especially they were not satisfied with the Act which effectively prevented it, the German Police Department took matters into their own enlightened hands. What did they do? They set up brothels!

The following is an extract from a report from the Criminal Police:—

"In accordance with the principle that German citizens should have no contact with diseased persons, and in particular this applies to bearers of the German uniform, the Forces had to be given the opportunity of intercourse

with healthy prostitutes. This meant that the regulation of Czech conditions of prostitution was not the primary task of the German authorities, who were chiefly concerned with the setting up of well controlled prostitution connected only with Germans."

Prostitutes were issued with control cards, so that everybody could make sure that their prospective partner held a card, and would also be able to see when she had been last medically examined.

Again quoting from the above report:—

"As it was not intended to send prostitutes to these bothels by compulsion, because in such cases they exercise their profession only with aversion, the prostitutes in question were given the alternative either to have intercourse only in the brothel or to cease sexual intercourse with Germans altogether. It was decided that Czech prostitutes were also eligible for brothels."

Thus we have the explanation for the various notices appearing in the Press:—"Fraulein Brunhilde Meier begs to inform our glorious Fuhrer that she gave birth to a healthy son who soon will become a soldier able to fight for Fuhrer and Reich."

This is the legacy, or one of them, left to the medical profession by the progenitors of the "New Order."

A number of the delegates paid a visit to Terezin. I also visited the remains of Lidice.

During a reception given by President Benes to all the delegates of the World Students' Congress, at his palace, I had the opportunity of meeting the Rector of the Charles University of Prague. He had spent two years in the Terezin concentration camp, where he performed all his operations using a razor. His only drugs consisted of a small number of aspirins. He was one of the Ruckkehr Unerwünscht prisoners, which translated means "Return unwanted," and was just a way of saying that those prisoners were not expected by the German authorities to return. In one camp they had a number tattooed on their forearm, in the other camps they were marked with a number with an indelible pencil, which I was told lasted for four to five months—this was usually quite long enough. The prisoners themselves did not know what the number meant. The Rector fell ill, and was told he would be returned to Prague. However, the authorities said that this was undesirable. On the day of Hitler's death 120 prisoners at the camp were executed, on the following day 49 were killed. On the next day the Rector was one of those led out for execution. The crematorium authorities said that they could not take any more internees, as the crematorium was

already too full, so the internees had to dig their own mass grave, and the Rector was standing before this waiting to be shot, when the Russians entered the camp and relieved it.

Dr. Belehradek told me that as a doctor he was interested in the psychological reactions of the internees, and he said that their chief feeling was one of deep shame for the Germans, and that there was very little hatred.

I asked him if he thought there was any hope in trying to re-educate the German children, and he told me that the Czech police, after Czechoslovakia had been freed, found a number of German boys, whose ages ranged from 12-16, in a bombed building, where they had a number of young Czech children as prisoners, and were slitting their noses, and cutting off their eyelids and lips—after they had tortured them.

He also told me that due to the lack of drugs most cases of glaucoma were blinded.

In Prague also I went to the UNRRA headquarters, where I was told of the appalling agricultural conditions in Czechoslovakia, where the Germans took all the cattle and horses, and slaughtered those they did not require. It was also mentioned that before Germany was opened all the UNRRA supplies had to go via Constantia, and that as they passed through Rumania every single train was attacked by the Russians, and a number of them looted.

On one of our last days in Prague the medical students gave a dinner for all the medical students, who were delegates at the Congress. At that dinner we met medical students of many countries—there were 49 countries represented at the World Students' Congress, and we were able to compare medical education in the various countries. At about 1 a.m. all the professors and other doctors left, and we were left to carry on the party in the way all parties of medical students the world over are conducted. The members of the various countries all sang songs, and when dry refreshed themselves with as much as they wanted to drink, and then followed national dances of the various countries. I was called upon to perform an English national dance, but had to confess that we had none. I was then asked to give a demonstration of boogie-woogie, and had great difficulty in convincing everyone that it was an American "dance," and not British!

Finally, before leaving Prague, I would like to give a brief outline of the system of their medical education at the Charles University.

As far as the exams. are concerned, there are no set days for them, as in England. Instead when one feels one knows enough of the subject concerned one applies to the professor for

examination, and gives the day on which one would like to be examined. As far as possible the professor does his best to comply. The next stage is to see the matron of the hospital, who will allot the case one has to take, having been previously told by the professor which cases to allot. The candidate then has to get a complete history of his case, and make a complete examination. On his case history sheet he is also expected to note and make suggestions for any further tests to make, such as X-rays, electrocardiograms, B.M.R.s, etc. He must not attempt to make a diagnosis.

Armed with his notes he approaches the professor, who listens to him read out his history and examination and then try and arrive at a diagnosis. The professor will then ask the candidate two or three questions, and the examination is finished.

A number of our "medical expedition" were fortunate enough to see a number of candidates being examined, and though we could not understand the questions and answers, we could tell from the expressions on the candidates' faces that they were undergoing the same psychological stress and strain as the British counterparts.

As far as the examination in pathology is concerned, their system is very different from ours. The students have to conduct a post-mortem examination on their own, and then hand in their case sheets. The professor in charge then compares their notes with the findings, and this is followed by a series of four or five questions, one of which consists of five slides, which have to be recognised, and the candidate has to give a brief description of the disease represented, diagnosis, prognosis, and so on.

Finally I would like to quote a very apt saying of one of the professors of surgery, which I heard at the party given to us by the Czech medical students:—"A surgeon working without a good knowledge of anatomy is like a mole—working in the dark, and his progress is marked by a series of little mounds."

The next hospital I visited was the Hospital of St. Anna in Brno.

Here the whole of one block had been blown down. The outside wall of the hospital was pock-marked with bullet holes. The damage throughout Moravia and Slovakia was much greater than the damage in Bohemia, of which Prague is the capital, as it was in Moravia and Slovakia that most of the fighting occurred, also parts of Moravia suffered heavily from the Allied air assault.

All the nursing was done by nuns, St. Franciscans, a Roman Catholic order. In the

instrument cupboard in the theatre, amongst all the scalpels, was a little statue of the Blessed Virgin, surrounded by candles, amidst all the gleaming steel.

During the war the Germans allowed girls to take up nursing in this hospital, as civil nurses, but they were not allowed to enter the Order of St. Francis.

The nuns have their own training schools for nurses, to which "civilians" are allowed, and correspondingly, the nuns can train in the ordinary nursing schools. They are not paid, the money is given to their Order.

I was shown their blood bank. Each department in the hospital keeps its own blood supply. There is a list of blood donors, and six weeks is the minimum amount of time allowed between transfusions. 500ccs. is the maximum amount ever taken off one donor at a time. Donors are paid 2K per cc. This works out to about £5 a pint. Private patients have to pay for any transfusions they have, and other patients are given the first free, then they have to pay a nominal sum for any others. When possible it is arranged so that the donor and recipient come from the same family, so that there should be no financial transaction. Should a patient not pay, he is sent only one reminder, if he ignores this, the country pays for him. I was also shown two instruments for direct transfusion, with which one can transfuse at the rate of a pint in a few minutes. The second instrument was the Brown's direct transfuser.

We were told that there is a very great shortage of penicillin in Czechoslovakia. There is a factory in Prague, which is not producing penicillin, but something very similar.

Another thing which we had noticed throughout the hospital, and indeed throughout the whole of Czechoslovakia, was the fact that wherever there was a notice, or a street name, there were always some screw holes above it. This, we were told, was because whatever was written up in Czech, was duplicated by the Germans, who placed their notices above the Czech ones.

While in Brno I also visited the Augustinian monastery, where Mendel lived and worked. Here I was shown his original writings, and later shown the plot of ground he used for his experiments on heredity with peas.

I must also mention the Kounic Colleges which all the delegates visited in Brno, as it was there many medical students were killed. All the delegates went to see these colleges, and to lay wreaths around the three gallows,

which had accounted for hundreds of lives of students, professors and all patriotic Czechoslovakians. The gallows were like those seen in the picture books, we read in our youth, dealing with highwaymen. There was no drop, and there was not even a knot in the rope, one end passed through an eye in the other end of the loop, so that the victims were hauled off the ground by their guards and slowly strangled. Next to the gallows was a pock-marked wall against which the rest of the victims were shot, when their guards were tired of hanging them. As the wreaths were being laid at the base of these monuments to Nazi culture the snow was gently falling.

Later I saw the Castle of Brno, which would have been the largest underground concentration camp in Europe; it was in the process of construction when the Russians freed the country. Here we saw the special death chambers, with their floors sloping to a gutter in the centre to carry away the blood, we saw the gas chambers, and also the chapel, where the altar had been removed, and in its place there was a colossal German eagle, weighing 51 tons, in front of it was the Holy Writ of the New Order—a copy of *Mein Kampf*, in an illuminated cupboard.

As I was travelling from Brno to Luhacovice, I spent most of the time talking to a girl medical student from Brno, who was telling me about the clinical student's life in Brno.

The clinics belong to the University, and there is one professor to each clinic.

A lot of the students are married, and a number have children, so that they have to make time to try and get food, and also to look after the children.

The Ministry of Education arranges matters so that students can work in hospitals in the country for 6-12 weeks, and during their holidays. This means that the students can take their holidays in one of the sanatoria, if they want to, and can also join in the winter sports. They get no pay for this work, but are kept by the hospital, and are taught; if it is a small hospital they are the equivalent of student house physicians or surgeons in this country.

When students reach the stage of their clinical work they can do it in any hospital, but the lectures are only given in the clinics, thus if they go to a hospital they lose all the lectures; it is for this reason there is a minimum period of four weeks in the clinics, as previously mentioned.

After qualifying, all doctors have to practice in a hospital for one year before going into general practice, but for appointments such as bacteriologists, they needn't practice in a

hospital. In order to specialise one has to work in a hospital or clinic for four years. The clinic pay is much less, but it provides lodging and very good teaching, whereas in the hospitals the teaching is not so good, but the pay is over twice as much and one's lodging is assured.

Having reached the specialist's standard, after one's four years at either a hospital or clinic, it is customary to start a practice as a specialist, or one can stay on at the hospital, and apply for an assistantship. Applications have to be made to the Ministry of Education, and the result of an application depends on the recommendation of the professor, for whose assistantship one applies. After a few jobs as an assistant, one can apply to become a primary physician or surgeon, which is the equivalent of a chief, and one can get appointed to a clinic, where one is under the professor. After a few years as a chief, and if possible travelling abroad, or writing a book, one becomes a "Docent" and is allowed to teach at a University.

After Brno a number of us went on to Lazne Luhacovice. This is one of the most beautiful spas in Czechoslovakia. It is situated in the Moravian White Carpathians, and is not far from the town of Zlin, which was built round the Bata shoe factories. I was informed that the medicinal springs are to be counted amongst the strongest alkalino-muriatic springs of Europe.

From Luhacovice we went to the Tatra mountains. Here I saw a sanatorium which must be one of the most marvellous in the world. It is situated high up amongst the mountain peaks, which rise, snow capped behind it, at Vysne Hagy, near Stary Smokovec, where we stayed.

Again we were shown the greatest courtesy by all the medical staff, who showed us round the buildings. The sanatorium is exclusively for tuberculosis. The buildings are eight stories high, and at the moment there are only 250 patients, it can hold 500, but at the present it is being reconstructed. The building was started in 1934 and it was finished in 1938. It was opened to patients in 1941, so is very modern.

Although it could only accommodate 500 patients, during the Slovakian uprising it found room for over 1,000 partisans.

The nursing is done exclusively by nuns, also of the Franciscan Order. None are allowed to nurse in this sanatorium unless they are over the age of 25.

We were shown round the theatres, which were beautifully equipped; here we were told that no operations were done under ether, so that all operations are done under locals, if high, and lumbar, if low.

After the theatres we were shown round the wards and saw many cases of tuberculosis. Here the shortage of X-ray films was much more marked, as their need was so much greater than in a general hospital, and most examinations were done with a fluorescent screen.

We saw a number of pulmonary tuberculosis, in which direct drainage of the cavities was being employed, by means of a rubber tube. We also saw two cases of tuberculosis of the spine, in which the spines of the vertebral column had been split, and a graft of the tibia inserted, which, after union, secured complete immobilisation.

The nursing staff consisted of 35 nuns. Of these only two had tuberculosis, and were in bed; some of the others may have had it, as I was told that the other nuns were as well as could be expected.

I also visited the "workers' " hospital at Stary Smokovec. This is a very large hospital, for all diseases, and also is very modern.

During the war Slovakia had enough food, as the Germans had turned it into one of their

model countries, but after the uprising they suffered greatly. The food situation is very bad, and there is little prospect of it improving next year, as their fields were turned into battlefields twice, once during the uprising, and again as the Russians fought their way across the country, and will not be able to produce food again for some while.

In closing this report, I would like to stress certain points, such as the very great need of Czechoslovakia for British medical books and journals, X-ray film, and drugs.

The members of our "British Medical Mission," if we can call ourselves such, were four final year students:—Tom Maddon and Maurice Lissof, both of Guy's Hospital, London, Miss Jean Ross, of Edinburgh University, and Francis Shattock, of St. Bartholomew's Hospital, London.

Finally I would like to thank all the members of the Czechoslovakian medical profession, who always extended to us the utmost courtesy and forbearance.



Sanatorium in the Tatra Mountains.

SILENCE CIVILIAN

You who return
Come back to these greying walls
Back to the quiet, slow,
Fumbling, studious ways
Of the hospital you left so strong.

You were away
Tasting joys and eating sorrows
Under strange unfriendly skies;
Fighting with suffering and pain
That we could be secure so long.

It was quiet
After the motor of the flying bomb
Had stopped above
Little people in the streets below
Going about the day's civilian tasks.

They were slow
Those bright descending showers
Of incandescent rain
Falling so white and greedy
To burn and destroy these city homes.

They were fumbling,
Those dull, menacing engines
Droning and weaving above serene balloons,
Transfixed by shafts of accusing light,
Spreading their deadly droppings on this city
earth.

Studious days
When we sat with books by the fire,
Until the shattering, unheralded roar
Brought days and nights of toil
Among the dusty living and the bloody dying
Here at home.

E. A. J. A.

A BETTER DISSECTING MANUAL FOR CHILDREN

By J. C. WOOLF

On the 4th day, the Body will be brought into the room, placed on the table and laid on its back. The student will proceed to shave the limb and examine the attachments of M. Silcstocinus Fulifascia in the female subject or M. Sockulis Utiliti in the male subject . . .

M. SOCKULIS UTILITI arises from the distal third of the leg, embracing it feebly, passing downwards and forwards, clothing the ankle-joint and foot, and is inserted through the additus of the leather sac (Foramen of Schuhorn).

It is innervated by C C 41 (at any hosiers), 'though this supply is often deficient.

M. Sockulis Utiliti acts by contracting at irregular intervals, thereby producing social embarrassment. This muscle is easily ruptured at the calcaneum and at the extremity of the hallux, requiring prompt surgical attention.

(The female M. Bobisockulis possesses very similar attachments.)

M. Sockulis Utiliti is now degenerating in favour of a reversion to the more-expedient M. Pax Sockulis (or M. Pre-Utilitis), a very successful structure, of larger origin, range and with a reduced tendency to rupture or contract erratically. It often possesses a suspensory origin (c.f. M. Silcstocinus Fulifascia) from the ligamentum elasticæ (the constricted Band of Garter) which reduces, considerably, the incidence of that exhausting male dysfunction: Chronic Prolapse of the Sockulis.

In contradistinction to M. Silcstocinus Fulifascia, this muscle is normally invisible to the naked eye. This is due to the fact that it is covered, in post-junior males, by a very loose sheath: the Sartorial Appendage or Monty-burton's Fascia, and is inserted into the Organ of Schumacher via Schuhorn's Foramen.

N.B.—The female M. Silcstocinus Fulifascia

is, nowadays, visible to the naked eye in the lower two-thirds of its course, 'though variations in feminine attire continually alter this distance, often reducing it completely.

M. SILCSTOCINUS FULIFASCIA is a shimmering, sheath-like, slender structure, firmly embracing the lower extremity of the female.

It arises, usually, by two or three ligamentous processes (suspensori) from the superficial pelvic sheath (Suspender Belt or Berlei) and after passing downwards from the middle third of the thigh, which it ensheathes, tightly grips the knee-joint, leg, ankle-joint and foot, to be inserted, somewhat loosely, into the additus of the leather sac (Foramen of Dolcis).

It is supplied (with a nerve!) by a branch of the Black Market—usually from W.I.

It acts as a bracer of the lower extremity, enhancing muscle tonus and supplementing contour.

M. Silcstocinus Fulifascia acts as a stimulant to male tonus in general, causing conjugate deviations of the eye axis. It abducts men and augments the B.M.R.

Under certain conditions, it is capable of producing a reflex enhancement of the Sacral parasympathetic outflow.

M. Silcstocinus Fulifascia often undergoes a pathological change, known as "laddering."

It may be supported in origin by a band of dense elastic tissue, circumscribing the thickened, superior, margin of Silcstocinus. This structure was patronised, according to legend, by King Edward the Third and is known as the Garter of Knight.

. . . After spending considerable time studying this structure, the student will proceed to rip it off and get down to work. Make an incision . . .

BOOK REVIEWS

A MANUAL OF TUBERCULOSIS, by E. Ashworth Underwood. Third Edition. E. & S. Livingstone, Ltd.

This book in previous editions was written as a manual for nurses working in tuberculosis institutions, and for health visitors. In this edition it has been expanded to make it suitable for medical students and practitioners. As a result, it contains much that should be known to the average senior medical student, and there is a lack of detail in some chapters—i.e., that on post-sanatorium treatment of patients which is so important for practitioners. On the other side, a nurse confronted with the nursing care of a thoracoplasty would find little to help her

in this book. It does, however, emphasise the truth that tuberculosis affecting various organs is one disease and it covers the treatment of all forms of tuberculosis.

On the whole, the clinical side is sound. The book provides also a very adequate account of the pathogenesis, epidemiology and public health side of the disease. This combination is not available in any other one book and for this reason the book can be recommended to the medical student. It will be very useful to the nurse who is working for the Health Visitor's Certificate, though she will find some chapters rather stiff reading.

BORN OF THE DESERT, by Malcolm James.

The author, whose Christian names are Malcolm James, was trained at St. Bartholomew's Hospital.

"Born of the Desert" is an outstanding achievement, which compares at least favourably with the best war books of the First World War. The author tells the story of the work of the Special Air Service in the Western Desert, with a lively account of methods of training and adventurous duties. The book teems with interest and there is hardly a dull moment. It is more than possible that the book has historical value, for apart from its accurate record of fact, it portrays the personalities of the leaders and gives a record of personal experiences. The book should be of great interest to the medical profession, for the difficulties which had to be overcome are well brought out. Not only will the book be widely read, but it is reasonable to believe that the author will become listed with famous Bart's men of the past who have shown literary ability. I have asked permission to write this review to bring it to the notice of all Bart's men and nurses so that they can join with me in congratulating the author.

Since reading the book, I have pondered over Malcolm James's career as a student. He had an opportunity to show his fearlessness in his student days, and I can remember his great sincerity and what I now recognise as his idealism. He had the makings of a Sir Galahad, and I think it possible

that he, like de Maudhuy's children, was made to pray to become like du Guesclin and Bayard. I saw him a few months ago in his prime, resplendent in uniform with a Military Cross ribbon, and he told me that this book was being published shortly.

However much I had thought of him as a du Guesclin, I had never thought he had the makings of an author, and for this reason I have studied the book very carefully. I am afraid I had never appreciated his versatility as I should have done. The literary style is graceful, and his description of the hair-raising adventures are portrayed as vividly as the best of authors could do. There is evidence of wide reading, such as of the March of Cambyse, of interesting Greco-Roman pottery, of animal life in the desert, of penetrating criticism of administration and the people he met.

Little was written either of the Crimean War or the First World War, but the adventures of the mobile war of the Peninsular were handed down in the novels of Charles Lever and G. A. Henty. Perhaps the dreadful carnage of the static warfare of the Crimea and the First World War produced only horror and not adventure. "Born of the Desert" shows clearly that the old fighting spirit and resource which the British people showed during the Napoleonic wars, is still present in our young manhood.

A MEMBER OF THE STAFF.

SPORTS

ASSOCIATION FOOTBALL

Chelsea are not the only undependable football club, for the Bart's soccer club seems only too realistically to be following in their footsteps.

Since our tour, which, one would have thought, would have supplied us with that much-needed practice and instilled our minds anew with our seemingly successful goal-scoring policy which we once possessed, we have lost six matches out of eight.

In order to confuse our critics, and indeed ourselves, and to complete our unreliability, the two matches in which we were the victors were won at the expense of our two most feared rivals, Guy's Hospital and London Hospital, both of whom it may be said, comparatively speaking, are two of the hardest teams to beat of any we play.

The first match against Guys, at Honor Oak Park, was lost 1-6; but as our side resembled more or less our second XI, it was to be expected.

However, the following week a comparatively strong side was taken to Lee Green to play the Old Colfeians. Having spent 80 out of the 90 minutes in their half, hitting the uprights, the crossbar, side-netting and goalkeeper, everything in fact except the back of the net, we returned to the pavilion the losers by four goals to one.

This was followed, quite deservedly, by our short-lived spell of success, when Guys were beaten 3-0

and London Hospital 5-0, the latter on their ground.

This, from the secretary's point of view, would have been an excellent place at which to put down his pen. For the next four matches were thrown away by a series of silly, there's no other word for it, mistakes by the defence unrelenting in their regularity. Each game was lost by the odd goal of several after, in each case, being well placed with a comfortable lead.

These errors were combined by an equally unbalanced share of bad luck.

If our luck, however, has been unkind to us in our regular matches, such has not been the case with regard to the Hospital Cup. Having drawn a bye in the first round, we were then duly informed, at a later date, that we had reached the semi-final as St. George's Hospital and King's College had both withdrawn. So on March 2nd, at Honor Oak Park, we are to meet the winner of the match between St. Thomas's and Middlesex Hospitals. As the Guys' ground is but a short distance from us, as football grounds go, we will greatly appreciate any support on this occasion, not only to act as a spur to ourselves but to nullify to a certain extent the vigorous support which the other hospitals seem always to manage to produce.

EXAMINATION RESULTS

CONJOINT BOARD

FINAL EXAMINATION, JANUARY, 1946

Pathology

Backhouse, K. M.
Storey, B. H.

Chamberlain, G. B.
Hopper, P. K.

Surgery

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Chamberlain, G. B.
Heneghan, N. D. H.
Royle, F. C. W.
Teeuwen, J. J.
Ballantine, R. I. W.
DeVitre, H. R.

Krister, S. J.
Shairp, B. E.
Williams, J. R. B.
Blackledge, P.
Gloster, J.
Nuttall, D.
Sutton, W. K.

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Merritt, D. McV.
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Blackledge, P.
Clarke, L. W.
DeVitre, H. R.
Mann, F. M.
Pavey Smith, J.
Richards, D. H.
Wand, L. G. R.
Ballantyne, P. T.

The following have completed the examinations for the Diplomas M.R.C.S., L.R.C.P.:—

Backhouse, K. M.
DeVitre, H. R.
Johnston, I. H. D.
Krister, S. J.
Nuttall, D.
Williams, J. R. B.
Ballantine, R. I. W.
Gloster, J.
Jordan, J. W.

Mann, F. M.
Phillip, P. P.
Williams, R. D.
Bond, G. E.
Heneghan, N. D. H.
Kelly, W. P.
Merritt, D. McV.
Sutton, W. K.

THE LIBRARY

The Library has recently received a collection of about 350 volumes presented by Moreen M. Sargison and Esmé T. Greenyer in memory of their Father, Vivian T. Greenyer, F.R.C.S., a former Bart.'s student.

Dr. Carruthers Corfield has presented a further seven old medical classics to the Library.

THE JOURNAL

Contributions for the April issue of the JOURNAL should reach this office on or before March 16th, 1946.

ANNOUNCEMENTS

CHANGE OF ADDRESS

Dr. G. BUCHLER to South Lodge, 58, Brook Road, Neasden, London, N.W.2.

APPOINTMENTS

Mr. C. MARTIN-DOYLE has been appointed Assistant Surgeon to the Worcester City and County Eye Hospital.

RECENT PAPERS BY BART'S MEN

- ATKINSON, M. "Ménière's Syndrome." *Arch. Neurol. & Psychiat.*, September, 1945, pp. 192-196.
- CHURCHILL, M. H. "Dietary Deficiency Diseases Among Prisoners of War." *J. Roy. Army Med. Corps*, December, 1945, pp. 294-298.
- COHEN, E. LIPMAN. "The Treatment of Penile Warts with Podophyllin." *Practitioner*, February, 1946, pp. 133-134.
- CROOK, E. A. "Non-Specific Intestinal Granuloma." *Proc. Roy. Soc. Med.*, January, 1946, pp. 123-127.
- DAVIES, J. H. T. (and Dixon, K., and Stuart-Harris, C. H.). "A Therapeutic Trial of Penicillin in Infective Conditions of the Skin." *Quart. J. Med.*, October, 1945, pp. 183-196.
- DISCOMBE, G. "Criteria of Eosinophilia." *Lancet*, February 9th, 1946, pp. 195-196.
- DUBASH, JAL. (and Teare, D.). "Poisoning by Amanita Phalloides." *Brit. Med. J.*, January 12th, 1946, pp. 45-47.
- GAISFORD, W. F. "Primary Tuberculosis in Childhood." *Brit. Med. J.*, January 19th, 1926, pp. 84-86.
- HILL, H. B. "Delinquency, Split Mind, Magistrate, Doctor and Parent." *Med. Press*, January 9th, 1946, pp. 22-24.
- HOWELLS, G. "Two Cases of Amoebic Granuloma." *Brit. Med. J.*, February 2nd, 1946, pp. 161-162.
- KEELE, K. D. (and Bound, J. P.). "Sprue in India." *Brit. Med. J.*, January 19th, 1946, pp. 77-81.
- LANGDON-BROWN, SIR W. "Some Chapters in Cambridge Medical History: V. Clifford Allbutt and the Transition from the Nineteenth Century." *Proc. Roy. Soc. Med.*, December, 1943, pp. 83-88.
- MAXWELL, J. "Early Recognition of Respiratory Disease." *Practitioner*, February, 1946, pp. 135-140.
- O'BRIEN, J. R. (and Carter, C. W.). "The Nicotinic Acid Content of Blood in Health and Disease." *Quart. J. Med.*, October, 1945, pp. 197-205.
- O'CONNELL, J. E. A. "Clinical Diagnosis of Lumbar Intervertebral Disk Protrusions." *Brit. Med. J.*, January 26th, 1946, pp. 122-124.
- SPENCER, J. (et. al.). "Non-Greasy Jelly Base for Penicillin." *Lancet*, January 26th, 1946, pp. 127-128.
- STUART-HARRIS, C. H. See Davies, J. H. T.
- WEBER, F. PARKES. "On Rare Diseases and Syndromes with some Examples." *Med. Press*, February 6th, 1946, pp. 87-92.

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